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Image# 14940155683

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An A	Authorized Committe	e		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	a type	a destruite	Office Use Offin	
COMMITTEE (in full)	······· v	over the lines.	g, 1, pc	12FE4M5		
AMERICAN SOCIETY	Y OF INTERVENTION	ONAL PAIN PHYS	ICIAN PA	AC		
ADDRESS (number and street) ▼	2831 Lone Oak Road					
Check if different						
than previously reported. (ACC)	Paducah			KY [42003	
2. FEC IDENTIFICATION N	IUMBER ▼	CITY A	8	STATE A	ZIP CODE	A
C C00351197	3.	IS THIS REPORT X (I	EW N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	1ay 20 (M5)	Aug	20 (M8) No (No (No Yea	ov 20 (M11) on-Election ar Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	un 20 (M6)	Sep	20 (M9) De (No Yea	ec 20 (M12) on-Election ar Only)
April 15 Quarterly Report (Apr 20 (M4) J	ul 20 (M7)	Oct 2	20 (M10) Ja	n 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P		General	(12G) Ru	noff (12R)
October 15 Quarterly Report (Report for the	e: Convention (2C)	Special (12S)	
January 31 Year-End Report (FI	ection on	D D /	Y	in the State of	
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day POST-Election	· ·)	Runoff (3	0R) Sp	ecial (30S)
Termination Repor (TER)		M = M /	D D /	Y = Y = Y	in the	
		ection on			State of	
5. Covering Period C	01 201	3 through	12	31/	2013	
I certify that I have examined t	his Report and to the best	t of my knowledge and b	elief it is tru	e, correct and	d complete.	
Type or Print Name of Treasur	Type or Print Name of Treasurer Laxmaiah Manchikanti MD					
Signature of Treasurer Lax	maiah Manchikanti MD	[Electronically	Filed] D	ate 01		2014
NOTE: Submission of false, error	neous, or incomplete informa	ation may subject the pers	on signing th	is Report to th	ne penalties of 2 U.S.	C. §437g.
Office					FEC FORM	3X
Use Only					Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

01 2013 2013 Report Covering the Period: 07 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 299948.62 January 1, 2013 (b) Cash on Hand at 275688.09 Beginning of Reporting Period..... 208856.52 132162.90 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 407850.99 508805.14 6(a) and 6(c) for Column B)..... 70415.53 171369.68 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 337435.46 337435.46 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

R	eport Covering the Period: From: 07	01 / 2013 To:	12 31 2013		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Then Political Committees				
	Than Political Committees (i) Itemized (use Schedule A)	112046.94	174709.57		
	(ii) Unitemized(iii) TOTAL (add	450.00	3808.67		
	Lines 11(a)(i) and (ii)▶	112496.94	178518.24		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	112496.94	178518.24		
12.	Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
	to Federal Candidates and Other Political Committees	0.00	0.00		
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	19665.96	30338.28		
	(from Schedule H3)	0.00	0.00		
	(b) Levin Funds (from Schedule H5)	0.00	0.00		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
10	Tatal Descripts (add Lines 44/1)				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	132162.90	208856.52		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	132162.90	208856.52		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Guionadi Todi to Bato
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	7	
	Expenditures	0.00	8927.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	8927.00
	Transfers to Affiliated/Other Party	0.00	3327.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	62000.00	139000.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	8415.53	23442.68
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add		7 7 7
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	70415.53	171369.68
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	70415.53	171369.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	112496.94	178518.24
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	112496.94	178518.24
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	8927.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	8927.00

Use separate schedule(s) for each category of the Detailed Summary Page

-	NUMBER	: PAG	E 6 OF	56		
(check only one)						
X 11a	11b	11c	12			
13	14	15	16	17		

υı	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC			
۸.	Full Name (Last, First, Middle Initial) Eduardo Anguizola MD Mailing Address 1401 N Tustin Ave Suite 140 City Santa Ana FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State Zip Code CA 92705 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3.	Full Name (Last, First, Middle Initial) Sairam Atluri MD Mailing Address 8200 Muchmore Point Lane City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Tri-State Pain Management Receipt For: Primary General Other (specify)	State Zip Code OH 45243 C Occupation Physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 10 09 2013 Transaction ID: SA11AI.10749 Amount of Each Receipt this Period 1500.00 Contribution			
).	Full Name (Last, First, Middle Initial) Sairam Atluri MD Mailing Address 8200 Muchmore Point Lane City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Tri-State Pain Management Receipt For: Primary General Other (specify) Other (specify)	State Zip Code OH 45243 C Occupation Physician Aggregate Year-to-Date ▼ 3500.00	Date of Receipt 12 03 2013 Transaction ID: SA11AI.10768 Amount of Each Receipt this Period 2000.00 Contribution			
S	UBTOTAL of Receipts This Page (optional)	>	4000.00			
T	OTAL This Period (last page this line number o	nly)				

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC		
Full Name (Last, First, Middle Initial) Cyrus Bakhit MD Mailing Address 1316 S. Jefferson St.	Cyrus Bakhit MD			
City	City State Zip Code			
Roanoke FEC ID number of contributing federal political committee.	VA 24016	Amount of Each Receipt this Period		
Name of Employer Pain Management Center Receipt For:	Occupation Physician	- Contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) 3. Cyrus Bakhit MD Mailing Address 1316 S. Jefferson St.	Cyrus Bakhit MD			
City Roanoke	State Zip Code VA 24016	Transaction ID : SA11AI.10759 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	1000.00		
Name of Employer Pain Management Center	Occupation Physician	Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
Full Name (Last, First, Middle Initial) Sanjay Bakhshi MD	'	Date of Receipt		
Mailing Address 254 Stafford Avenue		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Staten Island	State Zip Code NY 10312	Transaction ID : SA11AI.10803 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	5000.00		
Name of Employer Neuroscience Associates	Occupation Physician	Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00			
SUBTOTAL of Receipts This Page (optional	II)	7000.00		
TOTAL This Period (last page this line num	nber only)			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINI	: PAGE	8 OF	56			
(check only one)						
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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Stephan Bamberger MD Mailing Address 77 Bates Street	Date of Receipt	
City Lewiston FEC ID number of contributing federal political committee.	State Zip Code ME 04240	Transaction ID : SA11AI.10703 Amount of Each Receipt this Period 300.00 Contribution
Name of Employer MRA Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Timothy Beacham MD Mailing Address 357 South Ganwyn Park D		Date of Receipt 07 27 2013
City Greenville FEC ID number of contributing federal political committee.	State Zip Code MS 38701	Transaction ID : SA11AI.10705 Amount of Each Receipt this Period 167.00
Name of Employer Premier Anesthesia Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 334.00	- Contribution
Full Name (Last, First, Middle Initial) Timothy Beacham MD Mailing Address 357 South Ganwyn Park I City	State Zip Code	Date of Receipt 08 27 2013 Transaction ID : SA11AI.10718
Greenville FEC ID number of contributing federal political committee. Name of Employer Premier Anesthesia Receipt For: □ Primary □ General Other (specify) ▼	MS 38701 C Occupation Physician Aggregate Year-to-Date ▼ 501.00	Amount of Each Receipt this Period 167.00 Contribution
SUBTOTAL of Receipts This Page (optional)	634.00
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE		9	OF	56		
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or for commercial purposes, other than using the name and address of any political committee to solicit committees.					
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC		
١.	Full Name (Last, First, Middle Initial) Timothy Beacham MD Mailing Address 357 South Ganwyn Park Drive		Date of Receipt		
	City Greenville FEC ID number of contributing federal political committee. Name of Employer Premier Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MS 38701 C Occupation Physician Aggregate Year-to-Date ▼ 668.00	7 2013 Transaction ID: SA11AI.10730 Amount of Each Receipt this Period 167.00 Contribution		
3.	Full Name (Last, First, Middle Initial) Timothy Beacham MD Mailing Address 357 South Ganwyn Park Drive City Greenville FEC ID number of contributing federal political committee. Name of Employer Premier Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MS 38701 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 10 30 2013 Transaction ID: SA11Al.10758 Amount of Each Receipt this Period 167.00 Contribution		
C.	Full Name (Last, First, Middle Initial) Timothy Beacham MD Mailing Address 357 South Ganwyn Park Drive City Greenville FEC ID number of contributing federal political committee. Name of Employer Premier Anesthesia Receipt For: Primary General Other (specify)	State Zip Code MS 38701 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 11 27 2013 Transaction ID: SA11AI.10762 Amount of Each Receipt this Period 167.00 Contribution		
S	UBTOTAL of Receipts This Page (optional)	>	501.00		
T	OTAL This Period (last page this line number o	nly)			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	•	10	OF	56	
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or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIA	N PAC
Full Name (Last, First, Middle Initial) Timothy Beacham MD Mailing Address 357 South Ganwyn Park	Date of Receipt	
City Greenville	State Zip Code MS 38701	12 27 2013 Transaction ID: SA11AI.10791 Amount of Each Pageint this Page
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 167.00
Name of Employer Premier Anesthesia Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1169.00	
Full Name (Last, First, Middle Initial) Raj Bothra MD Mailing Address 5368 Woodland Estates		Date of Receipt
City Bloomfield Hills	State Zip Code MI 48302	7 09 2013 Transaction ID : SA11AI.10697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer The Pain Center USA	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Caniel Bruning MD		Date of Receipt
Mailing Address 10501 Metcalf		10 07 2013
City Overland Park	State Zip Code KS 66213	Transaction ID : SA11AI.10741 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Pain Care	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	11)	6167.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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ΟI	tor commercial purposes, other than using the	name and address of any political committee to	SOUCH COMMUNICIES HOTH SUCH COMMUNICE.
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
١.	Full Name (Last, First, Middle Initial) Ricardo Buenaventura MD Mailing Address 279 Timberleaf Dr. City Beavercreek	State Zip Code OH 45430	Date of Receipt 12 26 2013 Transaction ID: SA11AI.10787 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Dayton Pain Med Receipt For: □ Primary □ General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	500.00 Contribution
3.	Full Name (Last, First, Middle Initial) Yuriy Bukhalo MD Mailing Address 880W Central Road City Arlington Heights FEC ID number of contributing federal political committee. Name of Employer Northwest Suburban Pain Center Receipt For: Primary General Other (specify) Other (specify)	State Zip Code IL 60005 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 10 07 2013 Transaction ID: SA11AI.10738 Amount of Each Receipt this Period 2000.00 Contribution
Э.	Full Name (Last, First, Middle Initial) Kenneth Chapman MD Mailing Address 120 Circle Road City Staten Island FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10304 C Occupation Physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 12 03 2013 Transaction ID: SA11AI.10773 Amount of Each Receipt this Period 2000.00 Contribution
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	4500.00
T	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Edward Chen MD Mailing Address 2840 West Bay Dr. #227 City Belleair Bluffs FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code FL 33770 C Occupation Physician Aggregate Year-to-Date ▼ 565.00	Date of Receipt M M M / 23 2013 Transaction ID: SA11AI.10699 Amount of Each Receipt this Period 200.00 Contribution
Full Name (Last, First, Middle Initial) Sundar Cherala MD Mailing Address 1710 N randall Rd. #370 City Elgin FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IL 60123 C	Date of Receipt 12 26 2013 Transaction ID: SA11AI.10788 Amount of Each Receipt this Period 350.00 Contribution
Fox Valley Pain Center Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Abraham Cherrick MD Mailing Address 2800 Shirlington Road City Arlington FEC ID number of contributing federal political committee. Name of Employer National Spine & Pain Centers Receipt For: Primary General Other (specify)	State Zip Code VA 22206 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 12 31 2013 Transaction ID: SA11AI.10806 Amount of Each Receipt this Period 1000.00 Contribution
SUBTOTAL of Receipts This Page (optional)	>	1550.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Mark Clark, MD Mailing Address 3735 Norton Hills Road	Date of Receipt	
	10 07 2013	
City Norton Shores	State Zip Code MI 49441	Transaction ID : SA11AI.10739 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer UAP Clinic	Occupation Physician	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Tameta Clark MD Mailing Address 11921 Rockville Pike		Date of Receipt
City Rockville	State Zip Code MD 20852	Transaction ID : SA11AI.10809 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer National Spine & Pain Centers	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Kevin Coleman MD	l	Date of Receipt
Mailing Address 12700 Alswell Lane		12 12 2013 _
City St. Louis	State Zip Code MO 63128	Transaction ID : SA11AI.10778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer South Conty Anesthesia	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1865.00
	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	1	14	OF	56	
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or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAI	N PAC					
Full Name (Last, First, Middle Initial) Mark Coleman MD Mailing Address 1838 Groop Trop Road	Date of Receipt						
	Mailing Address 1838 Green Tree Road						
City Pikesville	State Zip Code MD 21208	Transaction ID : SA11AI.10799 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer National Spine & Pain Centers	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial) Ann Conn MD Mailing Address 7015 Hwy 190 E Service	Road	Date of Receipt					
City Covington	State Zip Code LA 70433	Transaction ID : SA11AI.10810 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	365.00					
Name of Employer Premier Pain Center	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00						
Full Name (Last, First, Middle Initial) C. Michael Daly MD		Date of Receipt					
Mailing Address 1600 Crain Hwy		12 31 2013					
City Glen Burnie	State Zip Code MD 21061	Transaction ID : SA11AI.10813 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer National Spine & Pain Centers	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
SUBTOTAL of Receipts This Page (optiona	I)	2365.00					
TOTAL This Period (last page this line num	aber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	g the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Cynthia Drake MD Mailing Address 3 S Street	Date of Receipt	
City	State Zip Code	10 07 2013 Transaction ID : SA11AI.10746
Lake Lotawana FEC ID number of contributing federal political committee.	MO 64086	Amount of Each Receipt this Period 5000.00
Name of Employer Pain Care Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) George Elkhoury MD Mailing Address 4543 N. Anaheim St.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Long Beach	State Zip Code CA 90804	Transaction ID : SA11AI.10747 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) David Ellis MD		Date of Receipt
Mailing Address 701 NE 10th Street		09 04 2013
City Oklahoma City	State Zip Code OK 73104	Transaction ID : SA11AI.10724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	ı) >	6500.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) John Fairbanks MD Mailing Address 107 Frton St. Ste 2134		Date of Receipt
City Vidalia FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	State Zip Code LA 71273 C Occupation Physician	Transaction ID: SA11AI.10711 Amount of Each Receipt this Period 300.00 Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	
Full Name (Last, First, Middle Initial) Mark Filley MD Mailing Address 10507 E. Wildwind Cir.		Date of Receipt 12 03 2013
City Spring FEC ID number of contributing federal political committee.	State Zip Code TX 77380	Transaction ID : SA11AI.10776 Amount of Each Receipt this Period 1000.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	- Contribution
Full Name (Last, First, Middle Initial) Mayo Friedlis MD Mailing Address 3031 Javier Road #100 City	State Zip Code	Date of Receipt 12 31 2013 Transaction ID : SA11AI.10814
Fairfax FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	VA 22031 C Occupation Physician Aggregate Year-to-Date ▼ 2000.00	Amount of Each Receipt this Period 2000.00 Contribution
SUBTOTAL of Receipts This Page (optional)		3300.00
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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt
City Hinsdale FEC ID number of contributing	State Zip Code IL 60521	7 27 2013 Transaction ID : SA11AI.10706 Amount of Each Receipt this Period
federal political committee. Name of Employer Pain Spec.of Greater Chicago Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 912.48	304.16 Contribution
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt 08 27 2013
City Hinsdale FEC ID number of contributing federal political committee.	State Zip Code IL 60521	Transaction ID : SA11AI.10719 Amount of Each Receipt this Period 304.16
Name of Employer Pain Spec.of Greater Chicago Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1216.64	- Contribution
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt 09 27 2013
City Hinsdale FEC ID number of contributing federal political committee.	State Zip Code IL 60521	Transaction ID : SA11AI.10731 Amount of Each Receipt this Period 304.16
Name of Employer Pain Spec.of Greater Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1520.80	Contribution
SUBTOTAL of Receipts This Page (optional	l) >	912.48
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt
City Hinsdale FEC ID number of contributing	State Zip Code IL 60521	10 27 2013 Transaction ID : SA11AI.10751 Amount of Each Receipt this Period 304.16
Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1824.96	- Contribution
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt 11 27 2013
City Hinsdale FEC ID number of contributing federal political committee.	State Zip Code IL 60521	Transaction ID : SA11AI.10763 Amount of Each Receipt this Period 304.16
Name of Employer Pain Spec.of Greater Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2129.12	- Contribution
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street City	State Zip Code	Date of Receipt 12 17 2013 Transaction ID: SA11AI.10782
Hinsdale FEC ID number of contributing federal political committee. Name of Employer Pain Spec.of Greater Chicago Receipt For: Primary General Other (specify)	IL 60521 C Occupation Physician Aggregate Year-to-Date ▼ 4629.12	Amount of Each Receipt this Period 2500.00 Contribution
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	•	3108.32

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Scott Glaser MD Mailing Address 134 E 4th Street		Date of Receipt
City Hinsdale FEC ID number of contributing federal political committee. Name of Employer Pain Spec.of Greater Chicago Receipt For:	State Zip Code IL 60521 C Occupation Physician	12 27 2013 Transaction ID : SA11AI.10792 Amount of Each Receipt this Period 304.16 Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4933.28	
Full Name (Last, First, Middle Initial) Mark Goodson MD Mailing Address 116 Rose St.		Date of Receipt 12 31 2013
City Mooresville FEC ID number of contributing federal political committee.	State Zip Code NC 28117	Transaction ID : SA11AI.10818 Amount of Each Receipt this Period 250.00
Name of Employer Rehab Med & Pain Center Receipt For: Primary General	Occupation Pysician Aggregate Year-to-Date ▼	Contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Assaf Gordon MD	250.00	Date of Receipt
Mailing Address 11921 rockville Pike City Rockville	State Zip Code MD 20852	12 31 2013 Transaction ID : SA11AI.10821 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00 Contribution
Name of Employer National Spine & Pain Centers Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2000.00	-
SUBTOTAL of Receipts This Page (optional)	2554.16
TOTAL This Period (last page this line num	ber only)	

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Οſ	tor commercial purposes, other than using the	name and address of any political committee to	SOIIGH COMMUNIS HOM SUCH COMMUNICE.
\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
١.	Full Name (Last, First, Middle Initial) Mark Gostine MD Mailing Address 2815 Lake Drive SE City	State Zip Code	Date of Receipt 07 23 2013 Transaction ID: SA11AI.10700
	Grand Rapids FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	MI 49056 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00 Contribution
3.	Full Name (Last, First, Middle Initial) Jay Grider MD Mailing Address 800 Rose St. N-201 City Lexington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code KY 40509 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 12 17 2013 Transaction ID: SA11AI.10783 Amount of Each Receipt this Period 1000.00 Contribution
.	Full Name (Last, First, Middle Initial) Kendall Hansen MD Mailing Address 2028 River Vista Ct. City Villa Hills FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code KY 41017 C Occupation Interventional Pain Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 10 07 2013 Transaction ID: SA11AI.10748 Amount of Each Receipt this Period 365.00 Contribution
SI	UBTOTAL of Receipts This Page (optional)	<u> </u>	2365.00
T	OTAL This Period (last page this line number o	nly)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle		RVENTIONAL PAIN PHYSICIAN	PAC
١.	Full Name (Last, First, Middle Initial) Armondo Hassun MD		Date of Receipt
	Mailing Address 555 Biltmore Way		M = M / D = D / Y = Y = Y
	#201 City	State Zip Code	08 23 2013
	Cora Gables	FL 33134	Transaction ID : SA11AI.10714 Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	500.00
	Name of Employer	Occupation	Contribution
	Self	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
		7	
3.	Full Name (Last, First, Middle Initial) Armondo Hassun MD		Date of Receipt
	Mailing Address 555 Biltmore Way		M M / D D / Y Y Y Y Y
	#201		12 03 2013
	City	State Zip Code FL 33134	Transaction ID : SA11AI.10774
	Cora Gables	FL 33134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	Contribution
	Self	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
).	Full Name (Last, First, Middle Initial) Paul Hubbell MD		Date of Receipt
	Mailing Address 2701 Lake Villa Dr		07 27 2013
	City	State Zip Code	Transaction ID : SA11AI.10707
	Metairie	LA 70002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.66
	Name of Employer	Occupation	Contribution
	Southern Pain	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	2916.62	
s	UBTOTAL of Receipts This Page (optional)		1416.66
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T	OTAL This Period (last page this line number o	nly)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
/	TERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) A. Paul Hubbell MD		Date of Receipt
Mailing Address 2701 Lake Villa Dr		08 27 2013
City	State Zip Code LA 70002	Transaction ID : SA11AI.10720
Metairie		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation Physician	Contribution
Southern Pain Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	3333.28	
Full Name (Last, First, Middle Initial) 3. Paul Hubbell MD		Date of Receipt
Mailing Address 2701 Lake Villa Dr		09 27 2013
City Metairie	State Zip Code LA 70002	Transaction ID : SA11AI.10732
FEC ID number of contributing	. 2202	Amount of Each Receipt this Period
federal political committee.	C	416.66
Name of Employer Southern Pain	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3749.94	
Full Name (Last, First, Middle Initial) C. Paul Hubbell MD		Date of Receipt
Mailing Address 2701 Lake Villa Dr		10 27 2013
City Metairie	State Zip Code LA 70002	Transaction ID : SA11AI.10752
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 416.66
Name of Employer	Occupation	Contribution
Southern Pain	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4166.60	
SUBTOTAL of Receipts This Page (optional)	•	1249.98
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) A. Paul Hubbell MD Mailing Address 2701 Lake Villa Dr		Date of Receipt
City Metairie	State Zip Code LA 70002	Transaction ID : SA11AI.10764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66 Contribution
Name of Employer Southern Pain Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	4583.26	
Full Name (Last, First, Middle Initial) 3. Paul Hubbell MD Mailing Address 2701 Lake Villa Dr		Date of Receipt 12 27 2013
City Metairie	State Zip Code LA 70002	Transaction ID : SA11AI.10793 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer Southern Pain Receipt For:	Occupation Physician	- Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Donald Jones MD		Date of Receipt
Mailing Address 621 Carpenters Grade Ro	State Zip Code	12 17 2013
Maryville	TN 37803	Transaction ID : SA11AI.10781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00 Contribution
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	1)	1833.32
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.		Date of Receipt
City Clearwater	State Zip Code FL 33756	07 27 2013 Transaction ID : SA11AI.10708
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Clearwater Pain Management Receipt For:	Occupation Physician	Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.		Date of Receipt
City Clearwater	State Zip Code FL 33756	7 Transaction ID : SA11AI.10721 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clearwater Pain Management	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD		Date of Receipt
Mailing Address 430 Morton Plant St.		09 27 2013
City Clearwater	State Zip Code FL 33756	Transaction ID : SA11AI.10733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clearwater Pain Management	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional	l) >	300.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	NTERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.		Date of Receipt
City	State Zip Code	10 27 2013 Transaction ID : SA11AI.10753
Clearwater FEC ID number of contributing federal political committee.	FL 33756	Amount of Each Receipt this Period
Name of Employer Clearwater Pain Management Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Demetrios Kaiafas MD Mailing Address 430 Morton Plant St.		Date of Receipt
City Clearwater	State Zip Code FL 33756	11 27 2013 Transaction ID : SA11AI.10765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clearwater Pain Management	Occupation Physician	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Demetrios Kaiafas MD		Date of Receipt
Mailing Address 430 Morton Plant St.		12 27 2013
City Clearwater	State Zip Code FL 33756	Transaction ID : SA11AI.10794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Clearwater Pain Management	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	1)	300.00
TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Kalyan Krishnan MD Mailing Address 131 Woodsedge Drive		Date of Receipt
City	State Zip Code	08 23 2013 Transaction ID : SA11AI.10715
Milton FEC ID number of contributing federal political committee.	PA 17847	Amount of Each Receipt this Period
Name of Employer Geisinger Health System	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3. Jonathan Kuo MD Mailing Address 350 Broadway Suite 200		Date of Receipt 08 232013
City New York	State Zip Code NY 10013	Transaction ID : SA11AI.10716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Suzanne Lagosky MD		Date of Receipt
Mailing Address 5213 Hickory Park Drive		12 31 2013
City Glen Allen	State Zip Code VA 23059	Transaction ID : SA11AI.10824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer National Spine & Pain Centers	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optiona	1)	2365.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Marc Loev MD Mailing Address 11921 Rockville Pike		Date of Receipt
City	State Zip Code	12 31 2013 Transaction ID : SA11AI.10827
Rockville	MD 20852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer National Spine & Pain Centers	Occupation Physician	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) B. Eric Loudermilk MD		Date of Receipt
Mailing Address 112 Carter Oak Rdg. City	State Zip Code	12 12 2013
Anderson	SC 29621	Transaction ID : SA11AI.10779 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Ramatia Mahboobi MD		Date of Receipt
Mailing Address 6355 Walker Lane		12 31 2013
City Alexandria	State Zip Code VA 22310	Transaction ID : SA11AI.10830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer National Spine & Pain Centers	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	-
SUBTOTAL of Receipts This Page (optional	l)	6000.00
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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Christopher Malinsky MD Mailing Address 3010 N Circle Drive		Date of Receipt
City Colorado Springs FEC ID number of contributing	State Zip Code CO 80909	12 26 2013 Transaction ID : SA11AI.10790 Amount of Each Receipt this Period 200.00
federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	Contribution
Full Name (Last, First, Middle Initial) Robert Masone MD Mailing Address 1750 Granville Pike		Date of Receipt 12 31 2013
City Lancaster FEC ID number of contributing federal political committee.	State Zip Code OH 43130	Transaction ID : SA11AI.10833 Amount of Each Receipt this Period 1000.00
Name of Employer Spinal Technology & Pain Cntr Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Contribution
Full Name (Last, First, Middle Initial) W. Stephen Minore MD Mailing Address 2202 Harlem Rd. City Loves Park	State Zip Code IL 61111	Date of Receipt 07 23 2013 Transaction ID: SA11AI.10701
FEC ID number of contributing federal political committee. Name of Employer Rockford Anest. Assoc. Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 5000.00	Amount of Each Receipt this Period 5000.00 Contribution
SUBTOTAL of Receipts This Page (optional)	6200.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC					
Full Name (Last, First, Middle Initial) A. Rup Nagala MD Mailing Address 314 14th St. N		Date of Receipt					
		08 23 2013					
City Oakes	State Zip Code IN 58474	Transaction ID : SA11AI.10717					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00					
Name of Employer Self	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial) 3. Varanda Nargund MD Mailing Address 1600 Crain Hwy	Date of Receipt						
City	State Zip Code	Transaction ID : SA11AI.10802					
Glen Burnie FEC ID number of contributing federal political committee.	MD 21061	Amount of Each Receipt this Period 3000.00					
Name of Employer National Spine & Pain Centers	Occupation Physician	Contribution					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00						
Full Name (Last, First, Middle Initial) C. Allan Parr MD		Date of Receipt					
Mailing Address 7015 Highway 190 East Ser	vice Road	10 22 _ 2013 _					
City Covington	State Zip Code LA 70433	Transaction ID : SA11AI.10750 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	5000.00					
Name of Employer	Occupation	Contribution					
Premier Pain Center	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00						
SUBTOTAL of Receipts This Page (optional)		9000.00					
TOTAL This Period (last page this line numbe							

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) A. Ram Pasupuleti MD Mailing Address 15621 Bridlegate Dr.		Date of Receipt
City Louisville	State Zip Code KY 40299	12 31 2013 Transaction ID : SA11AI.10834 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 Contribution
Name of Employer Self Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	- Contribution
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Anish Patel MD Mailing Address 11921 Rockville Pike	Date of Receipt 12 31 2013	
City Rockville	State Zip Code MD 20852	Transaction ID : SA11AI.10837 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer National Spine & Paine Center Receipt For:	Occupation Physician	- Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Eric Pearson MD		Date of Receipt
Mailing Address 1001 14th Street	7.0.1	12 03 7 9 9 9
City Meridian	State Zip Code MS 39301	Transaction ID : SA11AI.10777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Total Pain Care	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l) >	1750.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Jimmy Ponder MD Mailing Address 125 Frontests Bood A		Date of Receipt
Mailing Address 125 Frontgate Road A		09 04 2013
City Gray	State Zip Code LA 70359	Transaction ID : SA11AI.10725
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) John Porter MD Mailing Address 5251 Peachtree Dunwoody F	Date of Receipt 12 03 2013	
City	State Zip Code GA 30342	Transaction ID : SA11AI.10775
Atlanta FEC ID number of contributing federal political committee.	GA 30342	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Marina Protopapas MD		Date of Receipt
Mailing Address 1860 Town Center Drive		12 31 2013 _
City Reston	State Zip Code VA 20190	Transaction ID : SA11AI.10840 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer National Spine & Pain Centers	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line number	r only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.			
\setminus		RVENTIONAL PAIN PHYSICIAN	PAC			
Α.	Full Name (Last, First, Middle Initial) David Provenzano MD		Date of Receipt			
	Mailing Address 702 Augusta Drive		07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State Zip Code	Transaction ID : SA11AI.10704			
	Bridgeville	PA 15017	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	100.00			
	Name of Employer Self	Occupation Physician	Contribution			
	Receipt For:	,				
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
В.	Full Name (Last, First, Middle Initial) Ezra Riber MD Mailing Address 2601 Laurel Street	Date of Receipt				
	City	12 17 2013 Transaction ID : SA11AI.10784				
	Columbia	State Zip Code SC 29204	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1000.00			
	Name of Employer Self	Occupation Physician	Contribution			
	Receipt For:	,				
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
<u> </u>	Full Name (Last, First, Middle Initial) Francis Riegler MD		Date of Receipt			
	Mailing Address 3827 Castlerock Rd.		07 27 2013			
	City	State Zip Code CA 90265	Transaction ID : SA11AI.10709			
	Malibu	CA 90265	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	166.67 Contribution			
	Name of Employer	Occupation	Contribution			
	Universal Pain Mgmt.	Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	1166.69				
s	UBTOTAL of Receipts This Page (optional)	•	1266.67			
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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 2007 Contlevel Bd		Date of Receipt
Mailing Address 3827 Castlerock Rd.		08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.10722 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Universal Pain Mgmt. Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	Contribution
Other (specify) ▼	1333.36	
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.	Date of Receipt 09 27 2013	
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.10734 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30203	166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	
Full Name (Last, First, Middle Initial) Francis Riegler MD		Date of Receipt
Mailing Address 3827 Castlerock Rd.		11 21 _ 2013 _
City Malibu	State Zip Code CA 90265	Transaction ID : SA11AI.10761 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Universal Pain Mgmt.	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.70	
SUBTOTAL of Receipts This Page (optional)		500.01
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAI	N PAC				
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd.	Date of Receipt					
City Malibu FEC ID number of contributing federal political committee.	State Zip Code CA 90265	Transaction ID : SA11AI.10766 Amount of Each Receipt this Period 166.67				
Name of Employer Universal Pain Mgmt. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1833.37	Contribution				
Full Name (Last, First, Middle Initial) Francis Riegler MD Mailing Address 3827 Castlerock Rd. City	Date of Receipt 12 27 2013					
Malibu FEC ID number of contributing federal political committee.	State Zip Code CA 90265	Transaction ID : SA11AI.10795 Amount of Each Receipt this Period 166.67				
Name of Employer Universal Pain Mgmt. Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 2000.04	Contribution				
Full Name (Last, First, Middle Initial) John Roberts MD Mailing Address 200 Governors Drive Suite City	State Zip Code	Date of Receipt 12 12 2013 Transaction ID: SA11AI.10780				
Huntsville FEC ID number of contributing federal political committee. Name of Employer Tennessee Valley Pain Receipt For: Primary General Other (specify)	AL 35801 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00 Contribution				
SUBTOTAL of Receipts This Page (optional)	1333.34				
TOTAL This Period (last page this line numl	per only)					

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC				
Full Name (Last, First, Middle Initial) Xiulu Ruan MD Mailing Address 2800 Church Bell Court	Date of Receipt					
City Mobile	State Zip Code AL 36695	10 07 2013 Transaction ID : SA11AI.10740 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	1000.00				
Name of Employer Pain Specialists of AL Receipt For:	Occupation Physician	Contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Dr. Francis Saldanha MD Mailing Address 4507 Staunton Avenue	Date of Receipt					
City Charleston	State Zip Code WV 25304	7 09 2013 Transaction ID : SA11AI.10698 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	2500.00				
Name of Employer Self	Occupation Physician	Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00					
Full Name (Last, First, Middle Initial) Mahendra Sanapati MD	•	Date of Receipt				
Mailing Address 7311 Parkridge Dr.						
City Newburgh						
FEC ID number of contributing federal political committee.	C	5000.00				
Name of Employer Advanced Pain Care Clinic	Occupation Physician	Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00					
SUBTOTAL of Receipts This Page (optional)	8500.00				
TOTAL This Period (last page this line number	per only)					

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or for commercial purposes, other than using th	ne name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC					
Full Name (Last, First, Middle Initial) Manuel Sanchez MD	Date of Receipt						
Mailing Address 944 Calef Highway	10 30 2013						
City	State Zip Code	Transaction ID : SA11AI.10756					
Barrington	NH 03825	Amount of Each Receipt this Period 365.00					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation	Contribution					
Interventional Spine Medicine	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	865.00						
Full Name (Last, First, Middle Initial) Jeffrey Schneider MD Mailing Address 510 Upper Changes of Press 10 Upper Changes	Date of Receipt						
Mailing Address 510 Upper Chesapeake Dr		12 312013					
City	State Zip Code	Transaction ID : SA11AI.10843					
Bel Air	MD 21014	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	2000.00					
Name of Employer	Occupation	Contribution					
National Spine & Pain Centers	Physician						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00						
Full Name (Last, First, Middle Initial) Anesh Singla MD		Date of Receipt					
Mailing Address 11921 Rockville Pike		12 31 2013					
City	State Zip Code	Transaction ID : SA11AI.10846					
Rockville	MD 20852	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer	Occupation	Contribution					
National Spine & Pain Centers	Physician						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1000.00						
SUBTOTAL of Receipts This Page (optional)	>	3365.00					
TOTAL This Period (last page this line number	r only)						

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\rangle	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
١.	Full Name (Last, First, Middle Initial) Steven Sloan MD Mailing Address 11921 Rockville Pike		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Rockville FEC ID number of contributing federal political committee. Name of Employer National Spine & Pain Centers Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code MD 20852 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Transaction ID: SA11AI.10849 Amount of Each Receipt this Period 500.00 Contribution
3.	Full Name (Last, First, Middle Initial) Kevin Smith MD Mailing Address 2202 S. Milwaukee St. City Denver FEC ID number of contributing federal political committee. Name of Employer Metro Denver Anesthesia Receipt For: Primary General Other (specify)	State Zip Code CO 80210 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 11 12 2013 Transaction ID: SA11AI.10760 Amount of Each Receipt this Period 365.00 Contribution
D.	Full Name (Last, First, Middle Initial) Peter Staats MD Mailing Address 47 Orchard Lane City Colts Neck FEC ID number of contributing federal political committee. Name of Employer Premier Pain Centers Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NJ 07722 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 12 17 2013 Transaction ID: SA11AI.10785 Amount of Each Receipt this Period 5000.00 Contribution
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	5865.00
T	OTAL This Period (last page this line number o	nly)	

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAI	N PAC
Full Name (Last, First, Middle Initial) John Swicegood MD Mailing Address 12 Berry Hill Road		Date of Receipt
City Fort Smith FEC ID number of contributing	State Zip Code AR 72903	Transaction ID : SA11AI.10850 Amount of Each Receipt this Period 250.00
Federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1250.00	Contribution
Full Name (Last, First, Middle Initial) Michael Trimba MD Mailing Address 2417 Ocean Avenue		Date of Receipt 08 05 2013
City Brooklyn FEC ID number of contributing federal political committee.	State Zip Code NY 11229	Transaction ID : SA11AI.10713 Amount of Each Receipt this Period 365.00
Name of Employer Advanced Pain Care Medical PC Receipt For: □ Primary □ General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	Contribution
Full Name (Last, First, Middle Initial) K. Dean Willis MD Mailing Address 107 Williams & Broad Driv		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brownsboro FEC ID number of contributing federal political committee.	State Zip Code AL 35741	Transaction ID : SA11AI.10726 Amount of Each Receipt this Period 5000.00
Name of Employer Self Receipt For: □ Primary □ General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 5000.00	Contribution
SUBTOTAL of Receipts This Page (optional)		5615.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	ITERVENTIONAL PAIN PHYSICIAN	N PAC				
Full Name (Last, First, Middle Initial) Stephen Wyble MD Mailing Address 3983 I49 S. Service Road		Date of Receipt				
City	State Zip Code	07 23 2013 Transaction ID : SA11Al.10702				
Opelousas	LA 70510	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer Self	Occupation Physician	Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00					
Full Name (Last, First, Middle Initial) Les Zuckerman MD Mailing Address 9917 Chapel Road	·	Date of Receipt				
City Potomac	State Zip Code MD 20854	12 31 2013 Transaction ID : SA11AI.10851 Amount of Each Passist this Pariod				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 4500.00				
Name of Employer National Spine Center	nal Spine Center Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer	Occupation	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional	1)	4865.00				
TOTAL This Period (last page this line num	ber only)	112046.94				

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		07 31 2013
City	State Zip Code	Transaction ID : SA17.10900
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.38
Name of Employer	Occupation	- Monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 2454 Jackson Street		Date of Receipt
Mailing Address 3151 Jackson Street		07 31 _ 2013 _
City	State Zip Code	Transaction ID : SA17.10901
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2227.42
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 12900.12	
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		07 31 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10902
-	42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1680.29 Change in investment
Name of Employer	Occupation	- Shange in investillent
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 14580.41	
SUBTOTAL of Receipts This Page (optional)		3908.09
TOTAL This Period (last page this line number		

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not be said or used by any person for the purpose of soliciting contributions											

	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF IN	TERVENTIONAL PAIN PHYSICIAN	N PAC
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		08 30 2013
City	State Zip Code KY 42003	Transaction ID : SA17.10909
Paducah FEC ID number of contributing federal political committee.	KY 42003	Amount of Each Receipt this Period 752.18
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 15332.59	_
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
		08 31 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10906
FEC ID number of contributing federal political committee.	C 42003	Amount of Each Receipt this Period 0.71
Name of Employer	Occupation	Monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 15333.30	
Full Name (Last, First, Middle Initial) C. Bantera Bank	·	Date of Receipt
Mailing Address 3151 Jackson Street		08 31 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10907 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	262.26
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 15595.56	
SUBTOTAL of Receipts This Page (optional)	•	1015.15
TOTAL This Period (last page this line numb	per only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC							
Α.			Date of Receipt							
	Mailing Address 3151 Jackson Street	State Zip Code	09 30 / Y Y Y Y Y Y							
	City	Transaction ID : SA17.10908								
	Paducah	KY 42003	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	0.92							
	Name of Employer	Occupation	Monthly earned interest							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 15596.48								
В.	Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt							
	Mailing Address 3151 Jackson Street	09 30 2013								
	City	State Zip Code	Transaction ID : SA17.10910							
	Paducah	KY 42003	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	3678.94							
	Name of Employer	Occupation	Change in investment							
	Receipt For:	Aggregate Year-to-Date ▼								
	Primary General Other (specify) ▼	19275.42								
	Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt							
٠.	Mailing Address 3151 Jackson Street		10 31 _2013 _							
	City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10913 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	0.73							
	Name of Employer	Occupation	Monthly earned interest							
	Receipt For:									
	Primary General Other (specify) ▼									
H	SUBTOTAL of Receipts This Page (optional)	<u> </u>	3680.59							

	F	OR	LINE	NU	MBER	:	PAGE		43 (OF	56	
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) A. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		10 31 2013
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10914 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	753.89
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 20030.04	
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street City Paducah	State Zip Code KY 42003	10 31 2013 Transaction ID : SA17.10915
FEC ID number of contributing federal political committee.	C 42003	Amount of Each Receipt this Period 3765.60
Name of Employer	Occupation	Change in investment
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 23795.64	
Full Name (Last, First, Middle Initial) C. Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		11 30 _2013 _
City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10916 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.61
Name of Employer	Occupation	Monthly earned interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 23797.25	
SUBTOTAL of Receipts This Page (optional)	•	4521.10
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		tatements may not be sold or used by any personame and address of any political committee to	
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTE	RVENTIONAL PAIN PHYSICIAN	PAC
Α.	-		Date of Receipt
	Mailing Address 3151 Jackson Street		11 30 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA17.10917
	Paducah	KY 42003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	281.49
	Name of Employer	Occupation	Dividends earned
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 24078.74	
В.	Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
	Mailing Address 3151 Jackson Street		1,1 30 2013
	City	State Zip Code	Transaction ID : SA17.10918
	Paducah	KY 42003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	1605.41
	Name of Employer	Occupation	Change in investment
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	25684.15	
<u>-</u>	Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
٠.	Mailing Address 3151 Jackson Street		12 31 _ 2013 _
	City Paducah	State Zip Code KY 42003	Transaction ID : SA17.10923 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.59
	Name of Employer	Occupation	Monthly earned interest
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	25685.74	
H	SUBTOTAL of Receipts This Page (optional)	<u> </u>	1888.49

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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INT	ERVENTIONAL PAIN PHYSICIAN	I PAC
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3454 Jackson Street		Date of Receipt
Mailing Address 3151 Jackson Street		12 31 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA17.10924
Paducah	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	4652.54
Name of Employer	Occupation	Dividends earned
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 30338.28	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	The second tribulation of the second tribula
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Lacif necelpt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		4652.54
TOTAL This Period (last page this line numbe	r only)	19665.96

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 46 OF 56
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
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NAME OF COMMITTEE (In Full)			
$ \; angle$ AMERICAN SOCIETY OF INTER	VENTIONAL PAIN F	PHYSICIAN	PAC
<u>/</u>			
Full Name (Last, First, Middle Initial)			Data of Bishamanan
A. ALEXANDER FOR SENATE 2014	INC		Date of Disbursement
Mailing Address 228 S WASHINGTON STREET S	UITE 115		09 30 2013
Maining Addition 220 0 WAGTIINGTON OTTLET 0	011L 113		2010
City	State Zip Code		Transaction ID - CD22 40004
ALEXANDRIA	VA 22314		Transaction ID: SB23.10881
Purpose of Disbursement Political Contribution			
Candidate Name			Amount of Each Disbursement this Period
LAMAR ALEXANDER		Category/	5000.00
	ment For: 2014	Type	
Senate	Primary General		
President	Other (specify) ▼		
State: TN District: 00	·		
Full Name (Last, First, Middle Initial)			
B. ANDY BARR FOR CONGRESS, I	NC.		Date of Disbursement
M 25 A 11			M M / D D / Y Y Y Y
Mailing Address PO BOX 2059			08 05 2013
City	State Zip Code		
LEXINGTON	KY 40588		Transaction ID: SB23.10860
Purpose of Disbursement			
Political Contribution			Amount of Each Disbursement this Period
CARLAND ANDV RARR		Category/	5000.00
GARLAND ANDY BARR Office Sought: House Disburse	ment For: 2014	Type	
Senate	Primary General		
President	Other (specify)		
State: KY District: 06	, <i>,</i> , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)			
C. CHESAPEAKE PAC			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 170 OLD ENTERPRISE ROAD			12 23 2013
PO BOX 5323 City	State Zip Code		
UPPER MARLORO	MD 20774		Transaction ID : SB23.10898
Purpose of Disbursement			
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Cought:	manut Fam	Туре	3000.00
Office Sought: House Disburse Senate	ment For: Primary General		
President	Primary General Other (specify)		
State: District:	Caror (opcorry)		
SUBTOTAL of Disbursements This Page (optional).			15000.00
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	no and address of any points	our committee to	Const. Continuations from Cash Committees.
AMERICAN SOCIETY OF INTERV	/ENTIONAL PAIN P	HVSICIAN	PΔC
AMERICAN SOCIETI OF INTER	VENTIONALIAINI	IIIOIOIAN	1 40
Full Name (Last, First, Middle Initial)			
A. CRAWFORD FOR CONGRESS			Date of Disbursement
Malling Address BO B. 1997			M M / D D / Y Y Y Y Y
Mailing Address PO Box 16956			11 20 2013
City	State Zip Code		
Jonesboro	AR 72403		Transaction ID : SB23.10891
Purpose of Disbursement			
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
ERIC ALAN RICK CRAWFORD Office Sought: House Disburse		Туре	000000
Office Sought: House Disburse Senate	ment For: 2014 Primary General		
President	Other (specify)		
State: AR District: 01	(cpcc) \		
Full Name (Last, First, Middle Initial)			
B. DUTCH RUPPERSBERGER FOR	CONGRESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 22 West Padonia Road Suite C-1	41		11 20 2013
Cit.	Ctata Zia Cada		
City Timonium	State Zip Code MD 21093		Transaction ID : SB23.10892
Purpose of Disbursement	2.000		
Political Contribution		1	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
DUTCH RUPPERSBERGER		Category/ Type	2500.00
DUTCH RUPPERSBERGER Office Sought: House Disburse	ment For: 2014		2500.00
DUTCH RUPPERSBERGER Office Sought:	Primary General		2500.00
DUTCH RUPPERSBERGER Office Sought: House Disburse			2500.00
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02	Primary General		2500.00
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial)	Primary General		Date of Disbursement
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02	Primary General		
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial)	Primary General		Date of Disbursement
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639	Primary General Other (specify) ▼		Date of Disbursement
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639	Primary General Other (specify) ▼		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Political Contribution Candidate Name	Primary General Other (specify) ▼ State Zip Code	Туре	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE	Other (specify) ▼ State Zip Code KY 42102		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Office Sought: House Disburse	Other (specify) State Zip Code KY 42102 ment For: 2014	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Office Sought: House Senate	Other (specify) State Zip Code KY 42102 ment For: 2014 Primary General	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Office Sought: House Senate President	Other (specify) State Zip Code KY 42102 ment For: 2014	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Office Sought: House Senate	Other (specify) State Zip Code KY 42102 ment For: 2014 Primary General	Type Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought:	Other (specify) State Zip Code KY 42102 ment For: 2014 Primary General Other (specify) Other (specify)	Category/ Type	Date of Disbursement M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
DUTCH RUPPERSBERGER Office Sought: House Senate President State: MD District: 02 Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Political Contribution Candidate Name STEVEN BRETT GUTHRIE Office Sought: House Senate President	Other (specify) State Zip Code KY 42102 ment For: 2014 Primary General Other (specify) Other (specify)	Category/ Type	Date of Disbursement M M / 19 2013 Transaction ID: SB23.10873 Amount of Each Disbursement this Period 5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 48 OF 56
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN PH	HYSICIAN	PAC
Full Name (Last, First, Middle Initial) A. GUTHRIE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 9639			09 19 2013
BOWLING GREEN	State Zip Code KY 42102		Transaction ID : SB23.10874
Purpose of Disbursement Political Contribution Candidate Name			Amount of Each Disbursement this Period
STEVEN BRETT GUTHRIE	nent For: 2014	Category/ Type	5000.00
Senate President	Primary ☐ General Other (specify) ▼		
State: KY District: 02 Full Name (Last, First, Middle Initial) B. HAGAN FOR US SENATE INC			Date of Disbursement
Mailing Address PO BOX 29103 City S	State Zip Code		12 12 2013
GREENSBORO Purpose of Disbursement	NC 27429		Transaction ID : SB23.10895
Political Contribution Candidate Name KAY R HAGAN		Category/ Type	Amount of Each Disbursement this Period 1000.00
Office Sought: House Disbursem	nent For: 2014 Primary General Other (specify)	71-	
Full Name (Last, First, Middle Initial) C. HUIZENGA FOR CONGRESS			Date of Disbursement
Mailing Address 441 WILLIAMS COURT			09 11 2013
ZEELAND	State Zip Code MI 49464		Transaction ID : SB23.10866
Purpose of Disbursement Political Contribution Candidate Name			Amount of Each Disbursement this Period
WILLIAM P THE HON. HUIZENGA Office Sought: House Disbursem	nent For: 2014	Category/ Type	1000.00
	Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only).			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 49 OF 56
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	v one)
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AMERICAN SOCIETY OF INTER	NENTIONAL PAIN F	PHYSICIAN	I PAC
/ / WERGOAN GOODETT OF HATEL	(VEIVIIOIV)(EI / IIIVI	11101017414	
Full Name (Last, First, Middle Initial)			
A. KINZINGER FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 2365			09 11 2013
Walling Address FO BOX 2303			09 11 2013
City	State Zip Code		Transaction ID - CD22 40072
OTTAWA	IL 61350		Transaction ID : SB23.10872
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Disbursement this Fellou
ADAM KINZINGER		Category/ Type	1000.00
_	sement For: 2014	71: -	
Senate	Primary General		
President	Other (specify) ▼		
State: IL District: 16			
Full Name (Last, First, Middle Initial) B. MAJORITY INITIATIVE TO KEEP ELECTING RE	PUBLICANS FUND A K A MIKI	F R FUND	Date of Disbursement
B. Mindollin Minnelling To Reel Edeal Market	TOBERNATO FOR THE PRINCE OF TH		M M / D D / Y Y Y Y
Mailing Address PO BOX 2485			10 29 2013
City	State Zip Code		Transaction ID : SB23.10889
SPRINGFIELD Purpose of Disbursement	VA 22152		
Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	2000.00
	ement For:		
Senate	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. MARK PRYOR FOR US SENATI	=		Date of Disbursement
	_		M - M / D - D / Y - Y - Y
Mailing Address PO BOX 2720			07 09 2013
City	State 7in Code		
City LITTLE ROCK	State Zip Code AR 72203		Transaction ID : SB23.10854
Purpose of Disbursement			
Political Contribution		1 []	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
MARK LUNSFORD PRYOR		Type	3000.00
Office Sought: House Disburs	ement For: 2014 Primary		
President	Other (specify)		
State: AR District: 00			
SUBTOTAL of Disbursements This Page (optional)		8000.00
TOTAL This Period (last page this line number on	ly)		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERV	/ENTIONAL PAIN PI	HYSICIAN	PAC
Full Name (Last, First, Middle Initial) A. MCCONNELL VICTORY KENTUC	N/V		Date of Disbursement
- MCCONNELL VICTORY KENTOC	·		M M / D D / Y Y Y Y
Mailing Address 228 S WASHINGTON ST STE 115	5		10 28 2013
City ALEXANDRIA	State Zip Code VA 22314		Transaction ID : SB23.10885
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Senate President	ment For: Primary General Other (specify)	Турс	
State: District: Full Name (Last, First, Middle Initial)			
B. MIKE MCINTYRE FOR CONGRE	SS		Date of Disbursement
Mailing Address P.O. BOX 1			09 11 2013
LUMBERTON	State Zip Code NC 28359		Transaction ID : SB23.10869
Purpose of Disbursement Political Contribution			Amount of Each Disbursement this Period
Candidate Name MIKE REP. MCINTYRE	'	Category/ Type	1000.00
	ment For: 2014 Primary General Other (specify)	,,	
Full Name (Last, First, Middle Initial) C. PRIORITY PAC			Date of Disbursement
Mailing Address P. O. BOX 3683			07 09 7 2013
City LITTLE ROCK	State Zip Code AR 72203		Transaction ID : SB23.10856
Purpose of Disbursement Political Contribution	. = = = = = = = = = = = = = = = = = = =		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	,,	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			8500.00

SCHEDULE B (FEC Form 3X)	Han agreement of the	FOR I	LINE NUMBER:	PAGE 51 OF 56
ITEMIZED DISBURSEMENTS	Use separate schedure for each category of Detailed Summary P	the (onco	c only one) 21b 22 X 23 27 28a 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERV	•			om such committee.
Full Name (Last, First, Middle Initial)	00 000 40 41 77 7	· -	Date of Disbursem	ont
A. RENEE ELLMERS FOR CONGRES	SS COMMITTE	E	Date of Dispulsein	
Mailing Address PO BOX 99567			09 19	2013
	State Zip Code		Transaction ID :	SR23 10877
RALEIGH Purpose of Disbursement	NC 27624		— Transaction is .	0020.10077
Political Contribution			Amount of Each D	isbursement this Period
Candidate Name		Categor	y/	1000.00
RENEE JACISIN ELLMERS		Туре		1000.00
Senate President	nent For: 2014 Primary Gene Other (specify) ▼	eral		
State: NC District: 02				
Full Name (Last, First, Middle Initial) B. SCALISE FOR CONGRESS			Date of Disbursem	ent
Mailing Address PO BOX 23219			12 / 19	2013
•	State Zip Code		Transaction ID :	SB23.10897
JEFFERSON Purpose of Disbursement	LA 70183			
Political Contribution			Amount of Each D	isbursement this Period
Candidate Name		Categor	y/	5000.00
STEVE MR. SCALISE		Туре	,	5000.00
Senate X	nent For: 2014 Primary ☐ Gene Other (specify) ▼	eral		
Full Name (Last, First, Middle Initial)				
C. STEVE DAINES FOR MONTANA			Date of Disbursem	ent
Mailing Address PO BOX 1598			09 / 19	2013
,	State Zip Code MT 59624		Transaction ID :	SB23.10880
Purpose of Disbursement Political Contribution			Amount of Forth B	talanna ann an Albia Bariad
Candidate Name		Catagor		isbursement this Period
STEVEN DAINES		Categor Type	у/	2500.00
∑ Senate ∑ I	nent For: 2014 Primary Gene Other (specify)	eral		,
State Wil				050000
SUBTOTAL of Disbursements This Page (optional)			•	8500.00
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 52 OF 5									
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBEN.								
TEMILED DISDOTISEIVILIAIS	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26								
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or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
AMERICAN SOCIETY OF INTERV	ENTIONAL PAIN P	HYSICIAN	PAC								
/ Full Name (Last, First, Middle Initial)		i									
A. STEVE DAINES FOR MONTANA	,										
- STEVE DAINES FOR WONTANA		Date of Disbursement									
Mailing Address PO BOX 1598			11 20 2013								
	State Zip Code		Transaction ID : SB23.10890								
HELENA	MT 59624		dilodottoii 15 . OD20.19030								
Purpose of Disbursement Political Contribution		· · ·	Amount of Each Disbursement this Period								
Candidate Name		البيا	Amount of Lacii Dispulsement this Fellod								
STEVEN DAINES		Category/ Type	2500.00								
	nent For: 2014	.,,,,									
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SUBTOTAL of Disbursements This Page (optional)			2500.00								
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SC	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 53 OF 56												
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	Paducah Purpose of Disbursement	KY	42003												
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 54 OF 56									
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11	EMIZED DISBURSEMENTS	for each ca	ategory of the	21b	22 23 24 25 26								
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	Mailing Address 3151 Jackson Street				08 31 2013								
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	Paducah	KY	42003		Transaction ID: SB29.10905								
	Purpose of Disbursement				1								
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			Zip Code 42003		Transaction ID : SB29.10911								
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 55 OF 56								
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П	EMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26								
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<u></u>	Full Name (Last, First, Middle Initial)											
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	Office Sought: House Disbursen											
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 56 OF 56									- 56
ITEMIZED DISBURSEMENTS		Use separate schedule(s)				ly one)						
- 4		for each category of the Detailed Summary Page			21b	22		23	24		:5 [26
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